

New Hampshire Guide to Medicare Supplement Insurance

RATES, CARRIERS AND OTHER CONSUMER INFORMATION

Inside:

- List of Companies Selling Medicare Supplement Policies
- Premium Rates Approved by NH Insurance Department
- Consumer Tips and Information Resources





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Things You Should Consider About Medicare Prescription Drug Coverage

The federal government enacted a new benefit for Medicare beneficiaries, Medicare Prescription Drug coverage. Medicare Prescription Drug plans (also called PDPs) will be sold by private companies whose plans have been approved by Medicare. Voluntary enrollment for Medicare Prescription Drug plans begins November 15, 2005 and ends May 15, 2006. If you enroll by December 31, 2005, the new Medicare Prescription Drug coverage will begin on January 1, 2006. If you enroll after December 31, 2005, the coverage effective date is delayed. If you wait to enroll until after May 15, 2006, this late enrollment may result in a 1% per month penalty for every month you delayed enrollment. There is no limit on this monthly late enrollment penalty, so the longer you wait after May 15, 2006 to enroll, the greater the premium can be.

The new Medicare Prescription Drug benefit can be obtained in several different ways:

- By enrolling in a stand-alone prescription drug plan.
- By enrolling in a Medicare Advantage plan that includes the new drug benefit.
- By enrolling in one of the new Medicare Regional Preferred Provider Organizations (PPOs) that includes the new drug benefit.

Everyone with Medicare is eligible to enroll in a PDP, regardless of income or assets. You will want to compare plans and select the one plan that best meets your individual needs, such as, are all your prescriptions on the plan's list of drugs (called a formulary), can you use your preferred pharmacy and is the premium affordable. You can only have one PDP plan.

If you already have prescription drug coverage you need to evaluate whether you should sign up for the new Medicare Prescription Drug benefit. There are several things to consider in making this decision.

If you currently have drug coverage through an employer, many employers will continue to offer the prescription drug coverage they currently offer to retirees. The employer plan must inform you by November 14, 2005, whether the employer drug coverage is as good as the new Medicare Prescription Drug benefit. (Coverage that is as good as the new Medicare prescription drug benefit is called "creditable coverage.") If the drug coverage through the employer is "creditable coverage," you should keep the employer coverage, and you would not have to pay a penalty to

Medicare Supplement Consumer Tips

Shop carefully before you buy. Compare benefits, services and costs.

Take your time. Professional agents do not pressure their customers. If you are unsure about a policy, ask your agent to explain it to you again in the presence of a friend or relative whose judgment you respect.

Mail-order policies may lack service. Companies that sell mail-order policies may not have local agents or toll-free numbers, making it difficult to get answers to your questions. If a policy is sold through the mail, a toll-free number should be available.

Read your policy and to see what it covers and what it doesn't. Know how your policy coordinates with the other coverage you may have.

Make sure all the information on your application is correct. An incorrect application may cause the insurance company to cancel your policy or leave you with unpaid claims. Do not be misled by agents who tell you your health history does not matter. Describe your health status accurately. It is best to fill out this information yourself. If the agent fills it out, do not sign it until you have made sure all the information is correct.

Do not pay cash. Pay by check, money order or bank draft made payable to the company, not the agent. Do not give your agent a blank check or access to your account. If you have an automatic teller machine (ATM) card, do not give out your access number.

If you do not receive your policy within 45 to 60 days, contact the company or agent. If you have no success in receiving your policy, or suspect fraud, contact the NH Insurance Commissioners' Consumer Helpline toll-free at 1-800-852-3416.

Get help. If you have questions or cannot resolve a problem with your insurance company or agent, contact the NH Insurance Commissioners' Consumer Helpline toll-free at 1-800-852-3416.

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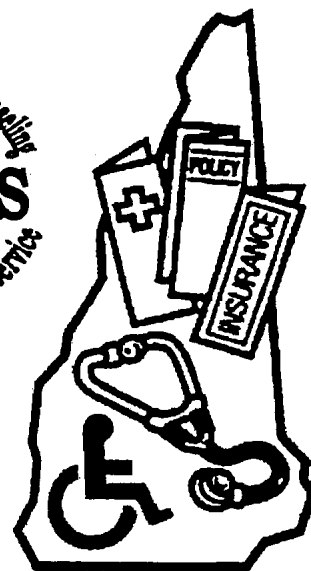
Premium rates published are based on information available to the Department at the time of publication, and may not be representative of the premiums being charged by the company today.

HICEAS

Health Insurance Counseling
Education Assistance Service

- Do you have questions about your Medicare coverage?
- Would you like free and confidential assistance determining your health insurance needs?
- Are you confused or overwhelmed by all of the Medicare paperwork?
- Do you know what to do if you can't afford to pay the Medicare deductibles and co-insurance?

Since 1993, HICEAS volunteers have provided free and confidential counseling to seniors and the disabled, answering questions about Medicare, Medicaid, Medicare supplement and long-term care insurance. At more than 25 sites throughout the state, over 200 trained and experienced HICEAS volunteers have served over 11,500 people saving Medicare beneficiaries over \$700,000.



Meet with a trained counselor at
your nearest HICEAS site!

For free and confidential service
Call NH HELP LINE
1-800-852-3388

**STATE OF NEW HAMPSHIRE APPROVED
2006 MEDICARE SUPPLEMENT PLANS OFFERED BY COMPANY**

COMPANIES	PLANS												
	A	B	C	D	E	F	F+	G	H	I	J	K	L
American Progressive Life & Health of N.Y.	X	X	X	X	X	X	X						
American Republic	X		X			X							
Anthem Blue Cross and Blue Shield of NH	X	X	X	X		X	X		X		X		
Bankers Life & Casualty	X	X	X	X	X	X	X	X		X	X	X	X
Combined Insurance Company of America	X		X			X							
Lincoln Heritage Life	X	X	X	X		X							
Mutual of Omaha Life	X		X			X							
Mutual Protective	X		X			X		X					
State Farm Mutual Automobile	X		X			X							
United American	X	X	X	X		X	X	X				X	
United Healthcare	X	X	X	X	X	X		X	X	X	X	X	X
USAA	X			X		X		X					
United World Life	X	X				X		X					



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YOUR MEDICARE BENEFITS FOR 2006

Services	What you pay in 2006	For each benefit period *
*Hospitalization (Part A)		
Semi-private room, meals, general nursing and other hospital services and supplies.	A total of \$952.00	First 60 days
	\$238.00 per day	61 st -90 th days
	\$476.00 per day	91 st day –150: while using 60 reserve days
Inpatient mental health care coverage in an independent psychiatric facility is limited to 190 days in a lifetime.	All costs for each day	After 150 days
*Skilled Nursing Facility Care		
Semiprivate room, meals, skilled nursing, rehabilitative services and other services and supplies (after a 3-day hospital stay)	Nothing	First 20 days
	Up to \$119.00 per day	21 st -100 th days
	All costs for each day	101 st day and after

Services	What you pay for in 2006	For each benefit period*
Blood		
When provided during a covered stay	First 3 pints of blood, unless you or someone else donates blood to replace what you use.	Per calendar year
Hospice Care		
Medical and support services from a Medicare approved hospice, drugs for symptom control and pain relief, short term respite care, care in a hospice facility, hospital, or nursing home when necessary, and other services not otherwise covered by Medicare	A co-payment of up to \$5.00 for each prescription drug for pain relief and symptom control and \$5 per day for Medicare-approved for inpatient respite care (short-term care given to a hospice patient by another care giver, so that the usual care giver can rest.) The amount you pay for respite care can change each year.	Available as long as your doctor certifies need

Services	What you pay in 2006	For each benefit period*
Medical Expenses (Part B)		
<p>Physician services (except for routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second surgical opinions.</p>	<p>\$124.00 deductible 20 % of Medicare approved amount after the deductible, except in an outpatient setting.</p>	<p>Per calendar year</p>
<p>Also covers outpatient physical, occupational therapy including speech-language therapy.</p>	<p>20 % for all outpatient physical, occupational, and speech-language therapy services.</p>	
<p>Outpatient mental health care</p>	<p>50 % for outpatient mental health care</p>	

Services	What you pay in 2006	For each benefit period *
Clinical Laboratory Services		
Blood tests, urinalysis, etc.	Nothing for Medicare-approved services.	Per calendar year
**Home Health Care for Medicare-Approved Services		
Medically necessary skilled care, home health aid services and medical supplies	Nothing for Medicare-approved services.	Unlimited
Durable medical equipment	20 %	Unlimited
<p>*Benefit period - The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you haven't received any hospital or skilled care (SNF) for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each period. There is no limit to the number of benefit periods you can have.</p>		
<p>** Available if you lack Part A.</p>		